## **CERTIFICATION APPLICATION**

Office of the Arizona State Fire Marshal

PLEASE PRINT OR TYPE				
EXAM TYPE		TESTING ATT	EMPT	TEST SCORE
☐ Fire Instructor I ☐ Fire & Life Safety Ed I☐ Fire Instructor II ☐ Fire & Life Safety Ed II☐ Fire Officer I☐ Fire Investigator I☐ Fire Inspector I☐ Driver/Operator		☐ First testing at ☐ Second testin☐ Third testing at	g attempt	(OSFM will complete)
Last name First name M.I.				
Mailing address	City	,	State	Zip
EIN#			Phone	
Department			Phone	
Department mailing address	City	,	State	Zip
Program sponsor (The department or college that conducted the certification p	program	n)	Phone	
Program mailing address	City	,	State	Zip
OSFM Program Number	Inst	ructor/Evaluator		
EVALUATORS—PLEASE CHECK ALL THAT APP	LY &	ATTACH COPIES	OF REQUIR	ED CERTIFICATIONS
<ul> <li>□ Fire Fighter I &amp; II Certification</li> <li>□ Hazardous Materials Awareness Level</li> <li>□ Hazardous Materials Operational Level</li> </ul>			OTHE	
THIS SECTION TO BE SIGNED	D B\	THE PROGRAM	I INSTRUC	TOR
I verify that the applicant has satisfactorily decompetencies of NFPA application is accurate and that the candidat		. My signature be	low attests	that the foregoing

Print Name

Instructor/Evaluator Signature

Date